B.

STATE OF	MARYL	AND-CEF	RTIFICATE	OF DEATI	H
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3213

1. PLACE OF DEATH	9401 (10) 46.
County Workessler	Registration Dist. No. 343
Village or City Deean Cle her	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U. S. if of toppign birth?
2. FULL NAME OF COME CONTRACTOR	If U.S. Veteran, specify WAR
(a) Residence: No Alaskar La	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
mare where morresp	(Valonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	I HEREBY CERTIFY, That I attended deceased from
(or) WIFE OF /Webseless	Ces 0 30/ 37 to Cese 30 197
6. DATE OF BIRTH (month, day, and year)	Haysawh Lower on Lower Sea 1987; deeth is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, of 110-50 m.
5-1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER Credge SAWYER, BDDKKEEPER, etc.	Weeding Sine
9 Industry or business in which	menul of le
SAW MILL, BANK, etc	allock began
this occupation (months but / 2)	2
year) fully a hand occupation occupation	Other Contributory Canass of importance
12. BIRTHPLACE (city of town) Male Corolecte	arterio (delerono
(State or country)	
13. NAME CONTROL CONTR	
14. BIRTHPLACE (city or town) HOLLE Corolema	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME OLGANIC CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) (Ochan eity omly)	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Date , 19	Nature of injury
19. UNDERTAKER LA DELESCO LUCZ	24. Wes disease or injury in any wey related to occupetion of deceased?
(Address) Porpply Her	If so, specify
20, FILED 8/30 /1937- 4. M wenford	(Signed) M. D.
Registrar.	(Address) beau enty her

If more blanks are needed, address State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 0

Date of onset

PERSONAL AND STATISTICAL PARTICULARS

Months.

Registration Dist. No. 35-2

(If death occurred in a horpital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____yrs.____mos.____ds,

MEDICAL CERTIFICATE OF DEATH

JEU. S. Veteran, specify WAR

If nonresident give city or town and State

statement Exact certificate. may instructions efully important. OF DEATH

BINDI

MARGIN RESERVED

3. SEX 4. COLOR OR RACE 5e. If married, widowed, or divorced HUSBAND of

(or) WIFE of

7. AGE

OCCUPATION

MOTHER

2. FULL NAME.

(a) Residence: No.

5. SINGLE, MARRIED, WIDOWED,

(Usual place of abode)

OR DIVORCED (write the word)

1 day,hrs. or min.

8. Trade, profassion, or particular kind of work done, as SPINNER, / SAWYER, BDDKKEEPER, etc.... 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc......

10. Date decaasad last worked at this occupation (month and

6. DATE OF BIRTH (month, day, and year)

11. Total tima (years) occupation

12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

19. UNDERTAKER

16. BIRTHPLACE (city or town) ... (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, DR REMOVAL

(Addrass)

ALL Registrar.

21. DATE OF DEATH (Day) 22.

HEREBY CERTIFY, That I attanded deceased from

to have occurred on the dete stated above, et_____m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Other Contributory Causes of Importance:

Manner of Injury

Name of operation_____

What test confirmed diegnosis? Was there an autopsy?

23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide

(Specify city or town, county and State)
Spacify, whathar Injury occurred in INDUSTRY in HOME, or In PUBLIC PLACE

Natura of Injury.... way related to occupation of deceased

If so, specify

If more blanks are needed address State Registrar, 2411 N. Charles Street, Bl

V. S. No. 1

pluods

AUSE TION

WRITE

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SEP 4 1937		•		
Other contributory causes of importance:	4	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

9215

PLACE OF DEATH		(1247)
County Worcester		Registration Dist. No. 350
Village or City Pocomoke City		No. R.F.D.# 1. St. Ward
		No. Roff . Doff Lo St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. If of foreign birth?yrsmosds.
. FULL NAME George Thomas Bi	shop	If U. S. Veteran, specify WAR
(a) Residence: No.		St., Ward.
(Usual place of		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL CERTIFICATE OF DEATH
	(write the word)	21. DATE OF DEATH Pocomoke City, August 11th. 193 7. (Year)
If married, widowed, or divorced		Name of the state
HUSBAND of Addie R.Bishop		1 HEREBY CERTIFY Thet I attended deceased from
G 1 0011	1000	July 20, 1937 to lug. 3, 1937
OATE OF BIRTH (month, day, end yeer) Sept.29th GE Years Months Oays	1872 4	Wast saw h
	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
	ormin.	were es follows: Oate of one et
Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Farmer		Chronopis Tot
4. Industry or husiness in which		The way
work wes done, as SILK MILL, SAW MILL, BANK, etc		Just Cicli
10. Oate deceased lest worked at Ma.V 11. Total tim	ne (years)	/
year) occup	In this 25	04.0.2.0
BIRTHPLACE (city or town) Worcester Coun	ty	Other Contributory Causes of Importence
(State or country) Maryland		Liture
13. NAME George T. Bishop		
14. BIRTHPLACE (city or town) Worcester Co	unty	Hame of operation. Oate of Oate of
(Stete or country) Marylal	nd.	What test confirmed diegnosis? X- Lague Like Was there an autopsy? Ma
15. MAIOEN NAMMary A. Hastings		23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Worcester Col	intv	Accident, suicide, or homicide?
(Stete or country) Marylan	id.	Where did injury occur?
		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
INFORMANT Mrs.Addie R. Bishop (Address)Pocomoke City, Marylar	nd .	open, mand many cooling in mooding, in nome, or in copilly flace,
		Manner of Injury
BURIAL, CREMATION, OR REMOVAL, RIVETSIDE CEMETETY Place OF CO. Ld. Pate Aug.	13 ,195.7	Neture of Injury
Ol PXT	111-1	24. Was disease or intury in any wey related to occupation a deceased? AD 1
(Address) Pocomoke City, Maryla	nd.	If so, specify Apply in any wey regarded to occupation in deceased?
2	010:4-	(Signed) Jana WV Inderson M.
FILED alea. 13, 1937 anne E.	Registrar.	(Address) Wilmington A) el

V. S. No. 1

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The state of the s				
CEP 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—1

Length of residence in city optowerwhere death occurred	STATE OF MARYLAND	CERTIFICATE OF DEATH 9216
Village or City	1. PLACE OF DEATH	
Length of residence in city cytowy-where death occurred	County Marlesles	Registration Dist. No. 352
2. FULL NAME (a) Residence: No. (b) Maintage of abodo) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAYORED (write the word) (b) Magnetic of the word of divorced (write the word) (c) Niffe of Magnetic of the word) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Menths Oeys 1. ILESS than the particular with a sterior of the date sterior down, a star of the word of the word of the date sterior down, a star of the word of the word of the date sterior down, a star of the word of the wo	Village or City Burlin md	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DAYORED (write the word) OR DAYORED (write the word) 1. I married, widowed, or divorced HUSBAND of (cr) Wile of Husband or (cr) Wile or (Length of residence in city of town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DAYORED (write the word) OR DAYORED (write the word) 1. I married, widowed, or divorced HUSBAND of (cr) Wile of Husband or (cr) Wile or (2. FULL NAME & parles M. Brit	ting here Weleran, specify WAR
1. SEX 4. COLOR OR RACE OR DIVORCED Cumic the word) OR DIVORCED Cumic the word) 1. OR DIVO		//St., Ward.
OR DIVORCED ("write the word) (ii) If married, widewed, or divorced HUSBAND of (Or) WIFE of (OR	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
is. If married, widowed, or divorced HUSBAND of (Or) WIFE of M. S. DATE OF BIRTH (month, day, and year) I day. M. J.	OR DIVORCED (write the word)	/ lug 29- 1937
(cr) WIFE of	ie. If married, widowed, or divorced	(months (Bay) (Year)
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oeys If LESS than I day, hrs. or. min. 1 is task wh. elive on. 19 ; death is sa to have occurred on the date steted above, at	(or) WIFE of Mrs. b. W. Brittingham	22. HEREBY CARTIFY. That I attended decessed from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of one min. In trade, profession, or particular of min. B. Trade, profession, or particular were es follows: Date of one min. SAWYER, BOOKKEPER, etc J. Industry or business in which work was done as SILK MILL, SAWILL, BAKK, etc D. Date decasaed last worked at the paper in this occupation (month end year) 10. Date decasaed last worked at the paper in this occupation (month end year) 11. Total time (years) apant in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURLAL, CREMATION, OR REMOVAL PICA. PICA. Date of injury Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Neuror of Injury Ne	5. DATE OF BIRTH (month, day, and year) (Mab). 1883	t last saw h elive on, 19; death is sal
8. Trade, profession, or particular kind of work dome, as SPINNER, SANYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, M		
kind of work done, as SPINNER, SAWER, BOOKEPER, etc. 10. Date deceased last worked at this occupation month end year) Span in this occupation (month end year) State or country 11. Total time (years) Span in this occupation (month end year) Span in this occupation (month end year) Span in this occupation (month end year) State or country 12. BIRTHPLACE (city or town) State or country 13. NAME 14. BIRTHPLACE (city or town) State or country 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country 17. INFORMANT State or country 18. BURIAL, CREMAŢION, OR REMOVAL Pleca 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEO 20. FILEO 21. Span in this occupation Other Castributary Cases of importance: 21. Total time (years) Span in this occupation Other Castributary Cases of importance: 22. Specify or town) Span in this occupation Other Castributary Cases of importance: 23. Lideath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER (Address) 20. FILEO 21. Specify	94 0 // ormin.	
Second S	kind of work dona, es SPINNER,	0
Second S	9. industry or business in which	acrearia
Second S	work was done, es SILK MILL, Alarmus SAW MILL, BANK, etc.	Herroshoge,
Other Caatribulary Caases of importance: Casta or country		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca (Address) 20. FILEO (Address) 20. FILEO (Address) 21. INFORMANT (Address) 21. INFORMANT (Address)	year) 2 2 4 063upation	Other Caatributary Caases of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca (Address) 19. UNOERTAKER (Address) 20. FILEO 20. FILEO 21. Aeddress Neme of operation Neat est confirmed diegnosis? Nest there en eu'opsy? Next est confirmed diegnosis? Next est confirmed diegnosis? News there en eu'opsy? News diegnosis? News diegnosis? News diegnosis? News there en eu'opsy? News diegnosis? News		
What test confirmed diegnosis? Wes there en eu'opsy? 15. MAIDEN NAME (Asy ast 3 state of country) 16. BIRTHPLACE (city or town) (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Pleca Date of injury Date Outy 3 1, 19 3 Nature of injury 19. UNOERTAKER (Address) 24. Was disease or injury in any way related to occupetion of deceased? If so, specify (Signed) M. (Address)		- Mejhrus
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Pleca . 3		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNOERTAKER 10 13 1 14 24. Was disease or injury in any way related to occupetion of deceased? 20. FILEO CULG 31, 1937 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pleca / Sullin MA Date Willy 4 3 /, 19 3	Nature of injury
20. FILEO CUG 31, 1937 V Myin ford (Signed) M. (Ardress) M.		
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	Example I		Example II	
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	TECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SED # 1991	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	The state of the s		Other contributory causes of importance:	-1
Gallstones		May 1,1923	Gastroenteritis	1 year

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Example, 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance	*	Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	6		8

1	L. PLACE OF	F DEA	TH			
	County]	Word	ester			Registration Dist. No. 350
	Village or City Whitesburg					No. St Warr
	Length of resi	dence in c	ity or town where d	eath occurred		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
				n uryqe		If U. S. Veteran, specify WAR
	(a) Kesiden	ce: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
	PERSON	AL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
143	sex emale		or or race	S. SINGLE, MARI OR DIVORCEI WILOW	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH August (Month) (Dev) (Yeer)
5a.	If married, widow HUSBAND of (or) WIFE of		es W.Dry	rden		22. I HEREBY CERTIFY. That i attended deceased from
			0			ang: 1937, to ang 1st, 1937
	AGE Year				1858.	I lest saw head elive on and first 19.37; deeth is said
1. 1	79	12	Months	0eys 29	if LESS than 1 dey,hrs.	to heve occurred on the dete steted above, et 1.1.30 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trede, profes	eion or n	3	1 29	ormin.	were es follows: Date of onset
ION	kind of w	ork done	, es SPINNER, EPER, etc	Housewi	fe	1
OCCUPATION	9. Industry or	business li			***************************************	1 . v
CU	SAW MIL	L, BANK,	etc	1		
ő	this occup	petion (mo	onth end 1937	11. Total ti	me (years) It in this Life petion Life	Ast Ay
			****			Other Contributory Causes of importance:
12.	BIRTHPLACE (cit (Stete or coun			ster Co		
ER.	13. NAME T	rvin	g Hitch	Marie Committee of the		maura Mgarelas
FATHER			own) Worce	ater Cor	intv	Neme of operation
F	(Stete or			eyland		Whet test confirmed diegnosis?
1ER	15. MAIOEN NAI	ME	No	t known		23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (State or		11 (nwo	11 11		Accident, suicide, or homicide?
			D3			Where did injury occur? (Specify city or town, county and State)
17.	INFORMANT F (Address) R	F.I	Pocomo	ke City	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMAT	Ceme	REMOVAL	A		Menner of injury
	Plece W-03	cest	er Coun	Dete Aug.	3rd1937.	Neture of injury
19.	UNDERTAKER	en	con P.s	Sleve	uson	24. Wes diseese or injury In any wey related to occupation of deceesed?
	(Address) P	1-	oke Cit;	y, Maryl	and /	If so, specify
20.	FILED Seeg.	2.,	19 27 6	Lune C.	Shete	(Signed) M. [

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago. Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

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Other contributed and State of the Contributed of t			
Other contributory causes of importance:	10000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8

STATE	OF	MADVI	AND-CERTIFICA	TE OF DEATH
SIAIE	Ur	WARTL	AND-CERTIFICA	IE OF DEATH

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1. PLACE OF DEATH	(3)
County Wareester	Registration Dist. No. 352
Village or City Bellin and	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of indication, give he system in which in mean of street and number? ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles a. Estam	/ If U. S. Veteran, specify WAR
(a) Residence: No. Bulin Ond (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Dey) (Year)
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Days If LESS than 1 dey, hrs. ormin. 8. Frede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and 1 2 2 11. Total time (yeers) this negreption (month and 1 2 2 11. Total time (yeers) spent In this	I HEREBY CERTIFY. That I attended dacesed from Market 1937, to deep 23, 1937 I lest saw hours alive on a great 19, 1937; deeth is said to have occurred on the date steted above, at Backet. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows: Date of onset 1931.
12. BIRTHPLACE (city or town) Delivarian (State or country)	Dther Contributary Causes of Importance:
I4. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME Jenaree Markay 16. BIRTHPLACE (city or town) (Stete or country) 17. INFDRMANT (Address)	23. If death was due to external ceuses (VIDLENCE) fill in elso the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL PIECE DELLE MA, Date My. 26, 19.27	Manner of injury
19. UNDERTAKER Address) Bushing	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED alg Ap, 1931 I Meniford Left Registrar. If more blanks are needed latter I State Registrar.	(Signed) M. D. (Address) Delete, M. D. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 4 1931			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Valuebolico	May 1,1925	Gustroenterius	1 year

V. S. No. 1

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCC	
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					Registration Diet No. 3	50
			***************************************		negistration bist. (to	
	e or CityP(No. th. & Narket St., S. death occurred in a horpital or institution, give its NAME instead of street and n	
Length	of rasidence in city	y or town where o	laath occurrad		ds. How long in U.S. if of foraign birth?yrsmo	sds
2. FULL	NAME.Ge	orge H.	Evans		If U. S. Veteran, specify WAR	
(a) Re	esidence: No	6th.&	Market (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PER	SONAL AND	DSTATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	Wh:	or race		RIED, WIDOWED, O (write the word) i.ed	21. DATE OF DEATH Pocomoke City, August 15th. (Month) (Day)	, 193_7
5a. If married, HUSBANG (or) WIFE	widowed, or divord 0 of E of Lil		ton Eva	ns	22. I HEREBY CERTIFY. That I attended of Grang 10, 1937, to Orang 15	deceased from
6. DATE OF B	IRTH (month, day,	end yaar))	6th. 18	75.	I last saw h. same allve on	; death is said
7. AGE	Yeers 6.1	Months 8	0ays	If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, et. 2 . O.O.P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9, hadust wo SA 10. Date (thi ya.)	profession, or paid of work done, a MYER, BOOKKEEP Try or business in hirk wes dona, as SI W MILL, BANK, et deceesed last work is occupation (mon ar) CE (city or town) or country)	as SPINNER, GI PER, etc. GI which ILK MILL, tc	11. Total ti spen occu ster Co	me (years) It in this 40	Other Contributory Causes of Importance:	
I3. NAME	George	W. Jvan	8			
H 14. BIRTH		wm Worce	ster Co	unty	Name of operation Oate of Whet tast confirmed diagnosis? Was there en a	
16. BIRTH	tate or country)	wan Morce Mary eorge F	ster Co		23. If daath was due to external causes (VIOLENCE) fill In also the following Accidant, suicide, or homicide?	: , 19
18 BUDIAL CI	PEMATION OF RE	EMOVA1		18th, 1937	Menner of injury	
19. UNDERTAR	CER Veru	ke City	Maryla Lune Es	ison	24. Was disease or injury In any way releted to occupation of daceesed?	M.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SEP .	5. 1	CONTRACTOR OF THE PROPERTY OF THE	
1	المستسيد الم		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			Hall Horas

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9222
1. PLACE OF DEATH	(20)
County Macasan	Registration Dist. No.
Village or GIP Synow Hall Prante 2	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
/17	death occurred in a hospital of institution, give to IVAIVE, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Dester C. Zlarris	If U. S. Veteran, specify WAR
(a) Residence: No. Arrow // Ill Bar	Z.S. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Pear)
Se. I married, widowed, or divorced HUSBAND of (or) WIFE of Dallie Zans	22. HEREBY CERTIFY, That I attended decessed from
May 0 - 14116	I lest saw h 200 , 1907; death is sal
5. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 Pr. G.
90 9 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and raleted causes of importence ware es follows:
8. Trada, profession, or particular kind of work done, es SPINNER. SAWYER, BOOKKEEPER, atc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last workad at this occupation (month and th	Dearhea held
Industry or business in which work was dona, as SILK MILL,	Tang ,
SAW MILL, BANK, etc.	
TO. Date decaased last workad at this occupation (month and 1930 spent in this year) occupation (month and 1930 occupation)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) // // // (State or country)	
13. NAME (Faul Hassis)	
13. NAME (Faul Hand) 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Mary a. Theres	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MANY A. OLEVANS 16. BIRTHPLACE (city or town) (State or coupling)	Accidant, suicide, or homicida? Date of Injury, 19
(State or country)	Whare did injury occur?
17. INFORMANT MIN Home Bethard (Address) Ann Hill ma Route 3	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, ON REMOVAL	Menner of injury
Place A Culture Market Date 2193 7	Nature of injury
19. UNDERTAKER Halling (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/2/, 1937 RECoy Sweeth, Registrar.	(Signad) KI MA / Clay M. (Address) Drum / July M.
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 8 1937	7		
Other contributory causes of importance:	5.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND	-CERTIFICATE OF DEATH
County Work	ter /	Registration Dist. No. 31 4
Village or City Stackto		NoSt.,Ward
2. FULL NAME (a) Residence: No.	(Usual place of abode)	osds. How long in U. S. if of foreign birth?yrsmosds. St.,
PERSONAL AND STATIS		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR BR RACE 5a. If married widowed or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Pear)
HUSBAND of Statio	Let - 1867	1935, to 22. 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 dey,hrs	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total time (years) spent in this occupation	were as follows: Date of onset
12. BIRTHPLACE (city or town) (State or country)	antic, Oce to	Other Contributory Canses of Importance:
13. NAME A fill 14. BIRTHPLACE (city or town). (Stete or country)	newany And	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME And 91 16. BIRTHPLACE (city or town)	axlor. Acco lo	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Alie (Address)	Hill Sunbackula, V.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Succe SILE C	13 Date Day 4, 1939	Manner of Injury
19. UNDERTAKER / Like of his (Address)	Harchney V	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED aug 3 , 1937 h	vary Mr. Tuylon Registrar.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis 8 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S. J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9224
1. PLACE OF PEATH	
County Nouceslev	Registration Dist. No. 33
Village of the Vinou !!!!	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Jula Josan	If U. S. Veteran, specify WAR
01 21 11 2 -	D St., Ward.
(Usual place of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grife the word)	21. DATE OF DEATH (1901) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Certhul of ogan	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year)	I last saw h alve alive on and s 25 /1937: death is sale
7. AGE Years Months Days If LESS than	to have occurrad on the date statad above, at3. R., m.
placet 36	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or perticular	Wente Bronchis actura Gate of one
kind of work done, as SPINNER kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked at 11. Total time conventions this occupation (month one) 12. Total time conventions this occupation (month one)	
10. Date dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stata or country)	
13. NAME Cames and lotte	
13. NAME COMES OF COM	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Vaula Walley 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or object)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT CHARLES	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, DREMATION, OR REMOVAL PLANE COURS. Z 7437	Mannor of Injury
To more than the state of the s	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER CAUSE THE MAN (Address) Songer Hill my	If so, specify
20. FILED 8/2 6/, 19 37 RECOR Scenth, Registrar.	(Signed) AMMOOD TRYIN M. E. (Address) AMOW Will MICE
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

9991

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of of importance were as: Arteriosclerosis	death and related causes follows:	119	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 6 1931	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				*

	CERTIFICATE OF DEATH 9225
1. PLACE OF DEATH	GUE WITHIN CORPORATE LIMITE OF
County Worcester	
Village or City Pocomoke City	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bradford Massey M.D.	
(a) Residence: No.	St. WardVeteran World War
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word) Married	21. DATE OF DEATH REGUST 75 3rd, 193 7 (Yeer)
5a. tf married, widowed, or divorced HUSBAND of	
(or) WIFE of Sarah Massey	May 1 HERVERY CERTIFY That i attended deceased from 437, to May 7-3rd 1937
	210 3109 27
6. DATE OF BIRTH (month, day, and yeer) May 12th 1889. 7. AGE Years Months Days If LESS than	I last saw h. I. elive on
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence
8 Trade profession or particular	were as follows:
SAWYER, BOOKKEEPER, etc	CORONARY HAROMOSIS 5/17/37
andustry or business in which Officer of	Well and D
work was done, as SILK MILL, SAW MILL, BANK, etc	CORUNARY TUROMBOSIS 7/2/37
Spell III (112)	1.3.2.4.
year)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Philadelphia, Pa.	
(Stete or country)	NONE DEFERMINED
13. NAME George B. Massey 14. BIRTHPLACE (city or town) Massey (State or country)	`
14. BIRTHPLACE (city or town) Massey (State or country) Mary land	Neme of operation Date of
(State of Country) West y Latitu	Whet test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Philadelphia.	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
[16. BIRTHPLACE (city or town) Philadelphia.	Accident, suicide, or homicide? Date of injury, 19
— (Stete of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Sarah Massey (Address) Pocomoke City, Maryland.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL West Laurel Hill Cem Date Aug. 6th. 1937	Menner of Injury
Phazadelphia Par /	Nature of injury
19. UNDERTAKER Person F. Stevenson	24. Was disease or injury in eny pay releted to occupation of deceased?
(Address) Pocomoke City, Maryland	If so, specify
20. FILED aug. 5, 1937 anne & Thete	(Signed) M. D. M. D.
Registrar.	(Address) focolupto City Uch

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

For	authorization	to	change	date	of	death,	see	letter	from	Dr.	R.	Lee	Hall.	dated	9/28/	137.	D.

1. PLACE O	F DEATH			(Pai)	_
County_W	orcester	****		Registration Dist. No	350
Village or	City Pocomoke	City		No. R. F. D. # 2. f death occurred in a hospital or institution, give its NAME instead of	St.,Ward
Length of res	sidence in city or town where	e death occurred	(I) mosmos	t death occurred in a hospital or institution, give its NAME instead of second or the second of the	of street and number)
				If U. S. Veteran, specify WAR	
	nce: No.			St.,Ward.	
PERSOI	NAL AND STATIS	(Usual place		If nonresident give city MEDICAL CERTIFICATE OF D	
3. SEX	4. COLOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH	EATH
Female	White	OR DIVORCE	D (write the word)	August (Month) (Da	lst., 193 7
5a. If married, wido HUSBANO of					**
(or) WIFE of	Upshur Mer	rill		1 HEREBY CERTIFY. That	attended deceased from
6. DATE OF BIRTH	(month, day, and year)	av 23rd.	1892.	I last w h 2 alive on A 12	1,1937; death is said
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the date stated above, 2.30Pm.	
4	5 2	9	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Impowere as follows:	Oate of onset
8. Trade, profe	ession, or perticular work done, as SPINNER, R, BOOKKEEPER, etc	Hongowi	**		02100100801
SAWYER 9. Industry or	business in which	Housewi	.T.C.		-01
SAW MI	as done, as SILK MILL,			1	1/30.37
10. Date decee this occupear)	sed last worked at Jun upation (month and 193	e 11. Total ti	ime (years) nt in this Life upation Life		
	ity or town) WORCE		inty,	Other Contributory Causes of importance:	
(State or cou		yland.		China Lilandel	1954
I	illiam F.Be			neplines	
14. BIRTHPLAC (State o	E (city or town)_WQCC r country)	ester Co aryland	unty	Name of operation What test confirmed diagnosis?	as there an entonsy?
	AME Sallie La			23. If death was due to external causes (VIOLENCE) fill in also t	
	E (city or town) WORC	ester Co Marylan	unty	Accident, suicide, or homicide? Date of In	jury, 19
	Upshur Meri		U. •	Where did Injury occur? (Specify city or town, con Specify whether injury occurred in INDUSTRY, in HOME, or In	unty and State)
(Address)	Pocomoke		vland	/ / / / / / / / / / / / / / / / / / /	TODETO PEACE.
Presbyte	rion, or removal	מדייו ב	3rd .,1937.	Menner of Injury	
19. UNDERTAKER	Verrion ?	Steve	uson	24. Was disease or injury in eny way related to occupetion of de	eceesed? %o
(Address)	Pocomoke Ci	ty, Maryl	and,	if so, specify	
20. FILED ale	9.3,19.37	Unn E	The Registrar.	(Signed) (Address) Face who have	M. D.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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V. S. No. 1

3

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9227
1. PLACE OF DEATH	(13)
County Worcesler	Registration Dist. No. 385
Village or City showell	No. St. Ward
(If	death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mory Sathanine	humford.
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR, DIVORCED (Price tha word)	21. DATE OF DEATH
Temale While Window	(Month) (Oay) (Year)
5a. If married, widowed or divorced HUSBANO of	
(or) WIFE of John It. Mumberd.	22. I HEREBY CERTIFY. That I attended deceased from
644 15/1858	0 - 1 - 2 7
6. DATE OF BIRTH month, day, and year) 7. AGE Years Months Oavs If LESS than	to have occurred on the date stated above, at 200 m.
78 11 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and company).	Chronic Replication 1934
SAWYER, BOOKKEEPER, etc.	0 -1 - 5 - 6 - 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Mathematica Affancient That.
11. Total time (yeers) this occupation (month and 931 year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(date of country)	What tast confirmed diagnosis? Was there an eulopsy?
I 15. MAIOEN NAME Downy Bunking	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME Society Bunting 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?0ate of Injury,19

16. BIRTHPLACE (city or town)
(Stata or country)

(Address)

19. UNDERTAKER (Addrass)

If so, specify (Signed) (Address)

(Specify city or town, county and State)
Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Registrar.

Mannar of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related earness of importance were as follows: Arterioselerosis Chronic interstitial nephralis The principal cause of death and related earness of importance were as follows: Attack of epilepsy The principal cause of death and related earness of importance were as follows: Attack of epilepsy The principal cause of death and related earness of importance were as follows: Attack of epilepsy The principal cause of death and related earness of importance were as follows: Attack of epilepsy The principal cause of death and related earness of importance were as follows: Attack of epilepsy The principal cause of death and related earness of importance were as follows: Attack of epilepsy The principal cause of death and related earness of importance were as follows:	
Chronic interstitial nephritis 1921 Run over by street car	ated causes Date of onset
	1 week ago
Cerchral hemorrhage Lulus 1927 Peritonitis	1 week ago
b tity o, 10 ki	3 days ago
BUREAU V. S	
Other contributory causes of importance: Other contributory causes of importa	nce:
Gallstones May 1,1923 Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9220
1. PLACE OF DEATH	(37)
County // Muster	Registration Dist. No. 3 V
Village or City Geran City	No. St., Ward
Length of residence in city or town where deeth occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sidney (Jak	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH (Mooth) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hannie M. Attis	22. I HEREBY CERTIFY, hat I attended deceased from to the state of the
6. DATE OF BIRTH (month, day, and year)	Yast saw hall alive on death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Deteronal Date of onet Cury 136
11. Total time (years) spant In this occupation (month and year)	Other Contributory Causes of Imperiance;
tz. BIRTHPLACE (city or town)	arlerio (lesero se V
13. NAME (drey 6-/ the) 14. BIRTHPLACE (city or town)	West worthern needs
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANY Harriss The Color of Colo	Where did Injury occur?
18. BURIAL, CREMATION, OR REMOVAL Place Allein M. Date Oly 19, 19.3.7	Menner of Injury
19. UNDERTAKER W. Bulling and	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 8 117 1927 I.S. Musified	(Signed) M. D. (Address) Cly Cop
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Basismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	-11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 0 5-2. County 7/1/1 Village or City How long In U.S. If of foreign birth?______yrs.____mos.____ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If merried, widowed, or diverced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of, 19....., to......, 19..... 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS then to have occurred on the date stated above, at 1030m Months Days 1 deyhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence or____min. were es follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... 9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) Dete deceesed last worked at this occupation (month end spent in this occupation year) 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosts? Wes there en eu opsy? MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?______ Dete of Injury_____ 19_____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, BIK REMOVA Menner of Injury Neture of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify ___ Registrar.

V. S. No. 1

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9.—The industry or business in which the work was done.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADMIAU .	k /.		- 4
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

County Village or City		-CERTIFICATE OF DEATH 9230
Village or City Landle (If death occurred in a hospital or institution, give its NAME instead of sured and number) Length of residence in city or town where death occurred was a how long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. Landle Wash of the County of th	1. PLACE OF DEATH	(131)
Length of residence in city or town where death occurred	County Worces les.	Registration Dist. No. 332
Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (busing place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SNORGE MARKER (S. NICLE MARKER) 5. OR DIVORCED (write the word) 5. If married, widowed, or divorced HUSBAND or (War) 4. COLOR OR RACE 4. SNORGE MARKER (S. SNORGE MARKER) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 11 LESS then 1 day, has, brs. 1 day, has, brs. 1 day, has, brs. 1 day, has, brs. 2 day, has, brs. 3. If married, widowed, or divorced HUSBAND or (War) 1. SAM MILL, BARK, stc. 1 day, has, brs. 2 day, has, brs. 3. If the personal cause of importance was a finite or country) 1. BRITHPLACE (city or town) (State or country) 1. BRITHPLACE (city or town) (St	Village or City Ironslure.	
2. FULL NAME (a) Residence: No.	Length of residence in city or town where death occurred vrs	
(2) Residence: No. According to the control of the	0 20	
PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4 COLOR OR RACE 5 S. SNCLE, MARRED, WIDOWED, OR DIVORCED (*emits the word) 5.1 If married, widowed, or divorced HUSSAND of Of (Worth) 193, J. 18.1 BATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 17 LESS than 1 day,		
2. DATE OF DEATH So. If married, widowed, or divorced WUSBAND or (C) Will of (Day) 1 HEBEBY CERTIFY. That I attended daceased from (North Married) 1 HEBEBY CERTIFY. That I attended daceased from 1 193.7. To 1 193.7. T		
So. If married, widowed, or divorced (Month) (Day) So. If married, widowed, or divorced (Wonth) (Day) (Wonth)	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
19. If merried, widowed, or divorced HUSBAND of (or) WIFE	f on Divoncen (- is the word)	Quegest 4 1937
T. AGE Years Months Days If LESS than 1 day,	(ac) WIFF of	
T. AGE Years Months Days If LESS than 1 day,	14 1857	193 , to the 5 , 193 , 193 ,
Second Content of Particular Second Content of Particular Second Content of Se		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BONKEPER, atc. 10. John Salik Mill., SAW Mill., BANK, etc. 11. Total time (years) Spent in this occupation (month and years) Spent in this occupation (country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) State or country) 17. INFORMANT 18. BURNAL, GREMATION, OR REMOVAL Place 18. BURNAL, GREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. What das disease or injury In any way related to occupation of deceased? 15. Manuer of injury Nature of in	Q (-) 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAWYER, BOOKKEEPER, atc 9. Influstry or business in which work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done, as SILK MILL, Date of the work was done to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME Cathering the work of the work was done to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) What tast confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. (Address) Was there are autopsy? What dist confirmed diagnosis? Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury (Signed) M. M	2 Trade profession or particular	Date of onset
Date of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	- Chanie replietes
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. Country 19. Country What tast confirmed diagnosis? 20. FILED 21. INFORMANT (Address) Manner of Injury Nature of In	9. Industry or business In which work was done, as SILK MILL,	
Date of	SAW MILL, BANK, etc.	
Other Contributory Causes of Importance: Other Contributory Causes of I	this occupation (month and 7/3//37 spent in this 750	rs
13. NAME Flormas J. Quiller 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Catherial Bower 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. Was disease or injury in any way related to occupation of dacased? (Signed) M. Name of operation. National Accident, suicide, or homicide? National Accident, suicide, or homicid	12. BIRTHPLACE (city or town) Mary land.	Other Contributory Causes of Importance:
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Placa - Paragretur Date Aug b , 1937. 19. UNDERTAKER (Address) (Address) 20. FILED Aug 619 IV Musin for d (Signed) (Signed) (Signed) (Malman of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of dacased? (Signed) (Signed)		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of dacased? 25. FILED aug (19. I William for d. (Signed). (Signed). (Signed).	f8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) Berling, If so, specify 120. FILED aug (19 IV Musin ford (Signed) C. Hallow M.	Place Twesqueen Date Mug. h., 193	Nature of Injury.
20. FILED aug (19 IV Muinterd (Signed) C. C. Hulland M.		
	20. FILED	(Signed) . Aulea M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I.		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S	July 5,1927	Peritonitis	3 days ago	
And the second s				
Other contributory causes of importance:		Other contributory causes of importance:	TATE OF	
Gallstones	May 1,1923	Gastroenteritis	1 year	

	r RECOMD. E	Y. PHYSICI	Exact stater	
MARGIN RESERVED FOR BINDIR	WRITE PLALLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. E	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact staten	cate.
FOR	IS A	state	prope	certific
Q	HIS	be	pe	Jo
SERVI	NK-T]	plnods	it may	n back
R 民 民	ING I	AGE	that	tions o
ARGI	JNFAD	pplied.	erms, s	instruc
Z Z	TTH L	ully su	plain t	t. See
3	ALY, W	e caref	ATH in	nportan
	PLAL	hould b	OF DE	very in
.1	-WRITE	mation s	CAUSE	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 9231
1. PLACE OF DEATH /	130
County Worsester	Registration Dist. No. 3.5.5
Village or City / Burlin md	
(11	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	sds. How long in U.S. If of foralgn birth?yrsmosds
2. FULL NAME James, G. Rase	If U. S. Veteran, specify WAR.
(a) Residence: No. Latte, Mid. (Usual place of abode)	St., Ward. 27 W' Sarataga St.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (lear)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded daceased from
1 1995	
6. DATE OF BIRTH (month, day, and year) Cau, 4 8 9 2 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 3m.
11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Oete ef onset
kind of work done, as SPINNER, In charge Fur Storage	7-
kind of work dona, as SPINNER, In Charge Fur Storage SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oata decaased last worked at this occupation (month and this perparation function).	Lecute Myrcardetis
year) /7.5 occupation occupation	Othar Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME / Lensy (Casch	
13. NAME Lendy Casch 14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of country)	Whet test confirmed diegnosis? Was there an au'opsy?
15. MAIOEN NAME Clizabeth 6. / Coch	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Edward Rasch	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) - Latto. Med., 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jalto ned Oate Usey. 23,1937	Nature of injury
19. UNDERTAKER 1-W. Bushlage (Address) Bushlage	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 8 - 24., 1997. Helen F. Hayer.	(Signed) That Jan M. (Address)
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ano Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

AD	DIT	IONAL SPACE	FOR	FURTHER	STATEMEN	TS BY	PHYSICIAN	
CORRECTION	OF	OCCUPATION	OF	DECEASED:	Letter	filed	Sep. 3 1937	under

FET. RASCH, informent.-L.

V. S. No. 1 N. B.—

STATE OF MARYLAND-	CERTIFICATE OF DEATH 9232
1. PLACE OF DEATH	(124P)
County Wordselv.	Registration Dist. No. 3.5.5
Village or City Berlin.	No. St., War
	sds. How long In U.S. if ot foreign birth?yrsmosd
2. FULL NAME Theo dos in J. Pay	ne . If U. S. Veteran, specify WAR
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of A. Passue.	22. I HEREBY CERTIFY, That I attanded deceased fro
6. DATE OF BIRTH (month, day, and year) 700, 6 1874	
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, a 2 from
/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, protession, or particular	were as tollows:
kind ot work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Kinhasia (-)
	A: Call
9 Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	Vior (hama)
10. Data decassed last worked at this occupation (warrs) spant in this s	
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of Importance:
(State or country)	
13. NAME Leone Jones.	
13. NAME Deorge Tones. 14. BIRTHPLACE (city or town)	Neme of operation Oate ot
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Comic Sheland	23. If death was due to external causes (VIDLENCE) fill In also the following:
15. MAIDEN NAME Chinic Delland. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Date of Injury
2 (State or country) 17. INFORMANT Din Florus Jarvis. (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage at 1-2
Place Estergreen em Date aug 2 1937	Mannar ot Injury
19. UNOERTAKER . W. Burloge	24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED & - 20, 1937 Helen F. Hann	If so, specify (Signad) (Signad) M.
Registrat.	(Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SFP 3 131	July 5, 1927	Peritonitis	3 days ago
RI REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

stat UPA	1. PLACE OF DEATH	(2)
ould sta	County NovCloter	Registration Dist. No. 3 5/
E .	Village of City Snow Hill	No. St. Ward
70		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
CIAN	fel l' Dall	
rSICIANS	2. FULL NAME PAULES TO HOUSE OF	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usuai place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4 COLOR OR RACE OR-DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Reer)
fied	56. If married, widowed, or divorced HUSBANO of	
A C assifi	(or) WIFE of Hannie Montorough	22. I HEREBY CERTIFY, That I attended deceased from
K T	6. DATE OF BIRTH (month, day, end year)	I last saw h elive on
	7. AGE Yeers Months Deys If LESS than	to have occurred on the dete stated above, et 3
stated E properly certificate	Chart 85 I day,	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:
	Rind of work done, as SPINNER Jafoner	no Dr. in allerdance.
l be y be k of	F N. S.	al time of death Post-
nay back	C work was done as CII V MIII	morlem No sand part
it sh	SAW MILL, BANK, etc	V de la la
	year) occupation occupation	Other Contributary Causes of importance:
oplied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town)	Primary cause: Carebral humarchages
ied. ns, stru	(State or country)	Duration: 3 on 4 days CHEST.
	H 13. NAME William Hopotorough	
y su ain t See	14. BIRTHPLACE (city or town) Marsh and	Name of operation
= 70 .	T 15. MAIDEN NAME Inchrown	What test confirmed diagnosis? Postmortana Wes there en autopsy? Year. 23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following:
be carefu EATH in important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
e ca	State or country)	Where did injury occur?
PAN	17. INFORMANT Offen Jungle (Address) Grown Will my	(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
shou E OF is ver	18. BURIAL GREMATION, OR REMOVAL	Manner of Injury
	Woodland My forcal oate My . S., 193/	Nature of injury
mation CAUSI TION	19. UNOERTAKE Searne + Jens	24. Was disease or injury in any wey related to occupation of deceased?
	(Address) Snow Hill mg	If so, specify
	20, FILED 8/4 , 1937 LECOY Swith	(Signed) Story Delta V, Van O
	Registrar.	(Address) See All March 1700C.

V. S. No. 1

MARGIN RESERVED FOR BINDI

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
401			

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Woelster	Registration Dist. No. 3.5.3
Village or City Geean City md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
7 . 7	death occurred in a hospital or institution, give no tytical interest of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME () auf T. Sertt	If U. S. Veteran, specify WAR
(a) Residence: No. Drepel Juil Old (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Make Married.	21. DATE OF DEATH August (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from august 15 1937 to aug 15 1937.
W 10 10 10 10 10 10 10 10 10 10 10 10 10	Hest say h 2000 alive on aug 15 19.3.2: death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then	to heve occurred on the date stated above, et $2^{2} - 9m$.
36 2 1- 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
2 Trede profession or perticular	Were as follows: Date of onset V. 1537
9 industry or business in which	
work wes done, as SILK MILL	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	Hyperleusing.
13. NAME yev. Al Death	Cho. Int nephretis
14. BIRTHP(A&E (city or town).	Neme of operation
(Class of Country)	Whet test confirmed diegnosis? Clinical Was there en eulopsy?
15. MAIDEN NAME CANADIL SANGTH	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete ol injury
(State or country) Multiple 1	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Ass Warsey Stall (Address) Assay City and	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Af Jelly M. Date Mily 1. 8,19.5	Neture of injury
19. UNDERTAKER S. W. Bupt bye	24. Was disease or injury in any way related to occupation of deceased? 2220
(Address) / Belgin / mg.	If so, specify
20. FILED 8419-, 1937 L. & Muniford	(Signed) Willards med
Registrdr.	(Address) Pricara M

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			198 113

V. S. No. 1

m

(Address)

		ST	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH 9	235		
1	1. PLACE OF	DEATH				A -			
	County	Worce	ster			Registration Dist. No.	0		
				City, M	d.	Ale	Ward		
		•		-	- Of	death occurred in a hospital or institution, give its NAME instead of street and nu	mber)		
	Length of resid	dence In city o	r town where de	eeth occurred	1 Gyrsmos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.		
-	2. FULL NAM	WE Ver	non P.	Steven	son	If U. S. Veteran, specify WAR			
	(a) Residence	e No Co	r. Lin	den and	Second	St. Ward.			
	(a) Nooisonio			(Usual place	of abode)		late		
	PERSON.	AL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
-	SEX	4. COLOR O		S. SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH	77		
1	Male	Whit	е	Marri	ed	(Month) (Day)	193_' (Yeer)		
5a.	. If married, widowe HUSBAND of	ed, or divorced	d						
	(or) WIFE of	Laura	Rudas	ill					
			So	nt 18	1.003				
	DATE OF BIRTH (Months	Days	4		deetii 12 2aid		
	53		11	11	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance			
				1	ormin. ,	were as follows:	Date oi onset		
NO	kind of w	ork done, as	SPINNER, U	ndertak	er	Angina Pactoris			
ATI	9. Judustry or 1	business in wi	hich						
OCCUPATION	work was	done, as SILI	K MILL.			MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at 3: 15 am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Angina PECTORIS Mid. Neme of operation			
200	10. Date decease this occup year)	ed last worked	at 0/00	11. Total ti	ime (years)				
_	year)	pation (month	8/29	797 occi	pation ADT 2				
12	. BIRTHPLACE (cit	P P	ocomok	e City.	Md.	Other Coatributery Causes of importance:			
12	(State or coun	ntry)	Worces	ter Co.					
EB	13. NAME Ja	mes G	roff S	tevenso	n				
FATHER	14 RIPTHOLACE	(aity or town)	Pocom	oke Cit	v. Md.	Neme of operation Date of			
F	(State or	country)	Wo	rcester	Co.				
ER	15. MAIDEN NAI	ME Eliz	abeth	Hearne					
MOTHER	AC DIDTUDI ACE	(alter an house)	Pocom	oke Cit	v. Md.				
MO	(State or		Wor	cester	Co.				
17	. INFORMANT	Willa	rd Ste	venson ty, Md.		(Specify city or town, county and State)	CE.		
19	(Address) B. BURIAL, CREMAT			by Will.		Manage of Intury			
	Place Pre	sbyte	rian	Date Sept	. 1, 1937	Manner of injury			
-	7	Ja o	O OCE T				No		
10	HNDERTAKER	varn	18-4	トルニー	1)	24. Wes diseese or injury in eny way related to occupation of deceased?			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

if so, specify

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

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1	tem of	pluods
1	. Every i	ICIANS
	RECORD	PHYS
INDIA	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
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B.—WRITE PLAT

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(947)
County Nescette County	Registration Dist. No. 35-2
Village or City Ocean Lity Med	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Waris & Dufus	If U. S. Veteran, specify WAR
(a) Residence: No. 9 Egett Vd Jello monville To	2 St., Ward.
(Usua place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lees 23, 1937
5a. If married, widowed, or divorced	(Day) (Year)
HUSBAND of Wilsoner	22. Our 18 FER CERTIFY That t attended daceased from 187 to Cury 23 187
6. DATE OF BIRTH (month, day, and yeer) Lec 24-1872	I last saw elive on line 79, 1897; death is said
7. AGE Yaars Months Days If LESS than	to heve occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trade profession or particular	Coronaly Throne bose lag 23/
SAWTER, DUNKEEPER, BIG.	1 B7
SAW MILL, BANK, etc	
this occupation (month end 0/21/37 spent in this 35 to occupation 35 to occupation	
	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Navrolkurg Ja (State or country)	Welle verose
13. NAME Oliver Super	
Ŧ D.	
14. BIRTHPLACE (city or town)	Neme of operation Date of Was there an autopsy?
r A H	
I William	23. If death wes due to external ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
an H. J. Ca.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 11572 PATTOLY DOM (Address) Jewelmonucle Pa	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OK REMOVAL	Mannar of injury
Placa Liverolda Lim Date 0/20, 192/	Neture of injury
19. UNDERTAKER A. Nurbugl (Address) Berlin Bull	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 8/24 , 1937 LS M Charles	(Signad) Jaw Willeff M. D. (Address) Caraa Cult Keef
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 2.

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	h and related causes	Pate of boset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	CEP 4 188	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEPTIFICATE OF DEATH

St., Wa in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth?
How long in U.S. if of foreign birth?
Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH FOR DEATH (Day) I HEREBY CERTIFY. That I attended deceased for the company of the compan
If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH FOR DEATH (Month) (Day) I HEREBY CERTIFY. That I attended deceased for the company of the comp
MEDICAL CERTIFICATE OF DEATH FOR DEATH (Month) (Day) I HEREBY CERTIFY. That I attended deceased in the server of the server
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I HEREBY CERTIFY. That I attended deceased for the solution of the state of the sta
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alive on Que 1, 19 3 ; deeth is urred on the date steted ebove, at 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
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PAL CAUSE OF DEATH end related causes of importance
ant dulated railmor Date of
(*)
ibutery Causes of Importance:
May
eretion Dete of
onfirmed diagnosis? Was there an eutopsy?
vas due to external causes (VIOL ENCE) fill in elso the following:
licide, or homicide? Date of injury
njury occur?(Specify city or town, county and State)
ther injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
njury
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ese or injury in any wey related to occupation of deceased?
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Chronic interstitial nephritis _ ~ FIVED	1921	Run over by street car	1 week ago
	ly 5,1927	Peritonitis	3 days ago
SEP 6 1937			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	1
Gallstones Mo	ny 1,1923	Gastroenteritis	1 year

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	-WRITE PLAE	mation should be	CAUSE OF DEA
	-WRITE PLAN	mation should be carefully supplied. AGE should be stated	CAUSE OF DEATH in plain terms, so that it may be properl
	BWRITE PLAN	mation should be	CAUSE OF DEA
	BWRITE PLAN	mation should be	CAUSE OF DEA
V. S. No. 1	N. BWRITE PLANKY, WITH UNFADING INK-THIS IS A H	mation should be	CAUSE OF DEA

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	9235
1. PLACE OF DEATH	(B3)	2
County Warlisty	Registration Dist. No. 3 5	<u> </u>
Village or City Bullin Md.	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and	War
Length of residence In city or town where death occurredyrsr		
2. FULL NAME Maniel M. MIL	If U. S. Veteran, specify WAR	
(a) Residence: No. Bushin Md.	St. Ward.	
(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (quite the prod)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
a. If márriad, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended	
DATE OF BIRTH (month, day, and year) Sent 6, 191	5 I last saw h alive on P, 19	; death is sal
AGE Years Months Days If LESS than		
2/ // 6 1dey,h	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	10. (
8. Trade, profassion, or particular kind of work done, as SPINNER,	promued	Oate of onse
SAWYER, BOOKKEEPER, etc		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	alledeutte Will	0/
10. Date daceasad last worked at this occupation (month and spent in this	Buttary	117
this occupation (month and spant in this occupation	1,80000	
2. BIRTHPLACE (city or town) Mid	Other Contributory Causes of Importance:	
(State or country)		
13. NAME John W. West		
13. NAME 1	Name of operation	
(State of country)	Whet tast confirmed diagnosis? Was there ar	autopsy?
15. MAIDEN NAME Outle Broth 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso the follow)	ng:
16. BIRTHPLACE (city or town)	Accident, suicide, or homiciga? All All Date of jnjury	2., 193
(State or country)	Where did injury occur? Supple from the first form	4
7. INFORMANT & Mr. 20 20 est	Specify whether injury occurred in INDUSTRY, in 10ME, or in PUBLIC F	LACE
(Address) Serlin md,	Depresser tell out 13a	texus
8. BURIAL, CREMATION, OR REMOVAL Place Description Mad Date Aug. 1.5, 193	Manner of Injury New Mature of Injury Associated	in J
9. UNDERTAKER J. W. Bushage (Addrass) Bushing Mrs.	24. Was disaase or injury in any way ralated to occupation of deceased?	200
		1

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Example I	71	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PL

V. S. No. 1

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3	4	0	3	

1. PLACE OF DEATH		(18.3)	
County Worces les		Registration	Dist. No. 3 3 2
Village or City Besluss		ND.	St., Ward
Locath of weldown to situ A		death occurred in a hospital or institution, give its NAN	
Length of residence in city or town where deeth occurre	dmos	ds. How long in U.S. if of foreign birth?	yrsmosas.
2. FULL NAME Margare	f orance	ULA U. S. Veteran, specify WAR	
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTICAL PA	piace of abode)	MEDICAL CERTIFICAT	et give city or town and State
		21. DATE OF DEATH	E OF DEATH
	MARRIED, WIDOWED, ORCED (write the word)	CHAIL OF BEATH A SULAN	-1200 1027
sometic where s	uger	(Month)	(Dey) (Year)
ie. If merried, widowed, or divorced HUSBAND of		22. I HEREBY CERTIF	Y. Thet I attended deceesed from
(or) WIFE of			
5. DATE OF BIRTH (month, day, and year)	um 19.1925	I lest saw h elive on	; death is said
. AGE Years Months Day	If LESS then	to heve occurred on the dete stated above, et	300m.
12 6 2	3 I dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted centwere as follows:	
8 Trade profession or perticular	1 01	harries	Date et enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business In which work wes done, es SILK MiLL, SAW MILL, BANK, etc. 10. Date decessed lest worked et this occupation (month end			110 8/1
9. industry or business In which work wes done, es SiLK MiLL,	Marine, re-	accidental w	111/1/2
SAW MILL, BANK, etc		0 4	13
10. Date decessed lest worked et this occupation (month end year)	fotel time (yeers) spant in this occupation	Dalling	
v. 10	Oc. apedon	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (State or country)	vana.		
	1-		
13. NAME Dury W. We 14. BIRTHPLACE (city or town) Drange	or,		***************************************
14. BIRTHPLACE (city or town) Mary	land.	Neme of operation	Date of
(State or country)	/	Whet test confirmed diegnosis?	Was there an eulopsy?
15. MAIDEN NAME & da Jolus	con.	23. If deeth wes due to externel causes (ViOLENCE)	fili in aiso the following:
16. BIRTHPLACE (city or town) Many	laud	Accident, suicide, or homicide?	Dete of injury 19.7
(Stete or country)		Where did injury occur? Specify city	or town, county and State)
17. INFORMANT Wo. Manches	in yest.	Specify whether injury occurred in INDUSTRY, in it	OME, or in PUBLIC PLACE.
(Address) 18. BURIAL CREMATION, OR REMOVAL	ond It. I	- Ayrepuseur Sau	patituq.
Piece WWellville Md Date Que: 14 1937		Manner of injury	real
0	, 1330	Neture of injury	ald and
19. UNDERTAKER , W. Surles	42.	24. Wes disease or injury in any wey related to occu	petion of deceased?
(Address) (Berlie,	18udi	If so, specify	1101)
20. FILED aug 13, 19 3 7 & Musseford		B /01 AN	ANIA I ME
20. FILED CUG 13, 19 3 7 5 0 10 0	Lesseford Registrar.	(Signed) Address)	20101

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
, E			
Other contributory causes of importance:	CONTRACTOR OF THE PERSON OF TH	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 9240
1. PLACE OF DEATH	(783)
County Wareester	Registration Dist. No.332
Village or City Buling md.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
2. FULL NAME // Laga m. M/s	If U. S. Veteran, specify WAR
(a) Residence: No. 13 ealin mil.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH (Month) (Day) 193 (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERT1FY, That I attended daceased from 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) Lan. 3/1921	I last saw h aliva on, 19; death is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
/6 6 / // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance war as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, atc.	Downing
9. Industry or business in which	100 de 10 11 11 1 1 81
work was done, as SILK MILL, School Gush	actality will
- this occupation (month and specific this	15attile 1/31
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	· · · · · · · · · · · · · · · · · · ·
13. NAME I have W. West	-
14. BIRTHPLACE (city or town)	Name of operation
Chate of country)	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Statha Both 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Land Dalle of injury 193
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Phys West (Address)	Specify whether injury occurred in INDUSTRY in HDME, or In PUBLIC PLACE.
18. BURIAL, OREMATION, DR REMOVAL	Manney of Injury
Place / Dislin Md Date aug. 12, 19.3/	Neture of Injury.
19. UNDERTAKER 1: 11. Burkage	24. Was diseese or injury In any way related to occupation of deceased?
(Address) / Bulin mf.	If so, specify A A A A A A A A A A A A A A A A A A A
20. FILED aug 13 1937 IV Myzyford	(Signed) M. D.
Welsut Registrar.	(Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. Sof Notella Mile

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	eauses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis C = C	\\ 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	037 \1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	V		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH 9241
1. PLACE OF DEATH	
County Marcuster	Registration Dist. No. 352
Village or City Bullin And.	No. St Ward
Length of residence in city or townships death occurredyrs	(If death occurred in a harman institution, give its NAME instead of street and number) mosds. How long in U. S. if of foreign birth?
2. FULL NAME Months 1 R. Wes	+
	If U. S. Veteran, specify WAR
(a) Residence: No. / July (Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decassed from
6. DATE OF BIRTH (month, dey, and year) 10 193	I last saw h a aliva on Que 13 1977 : death is said
7. AGE Years Months Days If LESS that	14600
7 19 1 day,	were as follows:
8 Trade profession or particular	Astheria Del un
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (city or town) Mod	Other Contributory Causes of Infortance:
(State or country)	_ Cholisa Infantam Zurya
13. NAME // attue /	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Pasci April 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in elso the following:
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18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Dulling Md Date Willy, 4,198	Nature of injury
19. UNDERTAKER J. W. Bullage (Address) Bulli md.	24. Was disaase or injury in any way related to occupation of daceased?
20. FILED ang/1/1937 I UM umfrom	(Signed) Million of Johnson M. D. (Address) Barlin Med

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PURIAU V. S.			
Other contributory causes of importance:	79	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year